

DOC # 422245

Official Record

Requested By
FREDERICK SELLERS

Lyon County - NV

Mary C. Milligan - Recorder

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Recorded By BB RPTT

APN 14-601-42

Mail Tax Bill To:
Grantee
10 Thurston Way
Yerington, NV 89447



The undersigned hereby affirms that this document
submitted for recording contains the social security
number of a person or persons as required by law
NRS 440 380 (1) (A) and 40 525 (5)

SPACE ABOVE FOR RECORDER'S USE ONLY

AFFIDAVIT DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF LYON)

FREDERICK E. SELLERS of legal age, being first duly sworn, deposes
and says:

THAT the deceased mentioned in the attached certified copy of
Certificate of Death, is the same person as BIRDELLA OHL named as
one of the parties in that certain Grant Deed dated 10-18-2000
executed by BIRDELLA OHL to BIRDELLA OHL & FREDERICK E SELLERS as
Joint Tenants and recorded in the Official Records of Lyon County,
Nevada, on OCT 23, 2000 as No 253790 and covering all of that
certain real property described as follows:

A portion of the Southeast 1/4 of the Northwest 1/4 of Section 9
Township 13 North, Range 26 East, M.D.B.&M., being a division of
Parcel 4 as shown on that certain Parcel Map recorded for William
Wollesen on March 8, 1990 as File No. 131642 being further
described as follows:

Parcel 4B as shown on that certain Parcel Map for William Wollesen
recorded on August 26, 1993 as Document No. 164009, Lyon County
Official Records.

Dated

3/11/08

FREDERICK E. SELLERS



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STATE OF NEVADA)
) ss.
COUNTY OF LYON)

Subscribed and Sworn to before me on March 11, 2008, by
FREDERICK E. SELLERS.

Stephanie L Jackson
Notary Public



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

ROLL 104 IMAGE 359

LOCAL FILE NUMBER

1888

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
	1 Birdella Lucinda OHL			2 August 2, 2001		3a. Washoe	
DECEDENT	CITY TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer Rm Inpatient (Specify)	
	3b Sparks			3c 1391 Coachman Drive		3d Female	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS
	5. White		5		7a. 63	7b. :	7c. :
PARENTS	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education: Specify highest grade completed		MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify)
	9a. Kansas		9b. U.S.A.		10. 9		11. Widowed
DISPOSITION	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)		KIND OF BUSINESS OR INDUSTRY		
	13		14a. Homemaker		14b. Own Home		
CERTIFIER	RESIDENCE—STATE		COUNTY		CITY TOWN OR LOCATION		STREET AND NUMBER
	15a. Nevada		15b. Washoe		15c. Sparks		15d. 1391 Coachman Dr.
PARENTS	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last			
	16. Frederick Camren			17. Mildred Taylor			
DISPOSITION	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No. City or Town, State Zip)			
	18a. Birdella Cordova			18b. 17 Devera Lane, Yerington, NV 89447			
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State		
	19a. Cremation		19b. Truckee Meadows Crematory		19c. Sparks Nevada		
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY		
	20a. <i>Carol D. Higgins</i>		20b. 20		20c. Reno Memorial 253 E. Arroyo, Reno, NV 89502		
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title)			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated (Signature and Title)			
	DATE SIGNED (Mo. Day Yr.)			HOUR OF DEATH		DATE SIGNED (Mo. Day Yr.)	
CERTIFIER	21b. 8/7/01			21c. 0815		22b. PRONOUNCED DEAD (Mo. Day Yr.)	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. PRONOUNCED DEAD (Hour)		22d. ON	
CAUSE OF DEATH	21d			22e. AT		22f. AT	
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)			22g. AT		LICENSE NUMBER	
CAUSE OF DEATH	22a. Dr. Edward Rose 1200 Mountain St., Carson City, NV 89703			22b. 5034		22c. 5034	
	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo. Day Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
CAUSE OF DEATH	24a. (Signature) <i>Wendy Cantuery</i> Dep.			24b. August 8, 2001		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))			25a. <i>Carcinoma of Lung</i>		Interval between onset and death	
CAUSE OF DEATH	PART I (a) DUE TO OR AS A CONSEQUENCE OF			Interval between onset and death		Interval between onset and death	
	(b) DUE TO OR AS A CONSEQUENCE OF			Interval between onset and death		Interval between onset and death	
CAUSE OF DEATH	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I			AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
	PART II			26. No		27. Yes	
CAUSE OF DEATH	ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED
	28a.		28b.		28c.		28d.
CAUSE OF DEATH	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE
	28f.		28g.		28h.		28i.



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No. 181460

STATE REGISTRAR

This is to certify that the above is a true and legal copy of the certificate on file in this office

Deputy Registrar: *Barbara Lee Hunt*

Date

AUG 15 2009

WARNING IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT